PATENT APPLICATION SERIAL NO.		
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U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

03/02/2004 GWORDOF1 00000051 200668 10708415

01 FC:1001 770.00 DA 02 FC:1201 172.00 DA 03 FC:1202 126.00 DA

Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

56379

Application ID:

Title of Invention:

10708415

Testing of Mixed Signal

Integrated Circuits Generating

Analog Signals From Digital Data

Elements

First Named Inventor:

Amit PREMY

Domestic/Foreign Application:

Domestic Application

Filing Date:

2004-03-02

Effective Receipt Date:

2004-03-02

Submission Type:

Utility Patent Filing

Filing Type:

new-utility

Confirmation number:

2414

Attorney Docket Number:

TI-36317

Total Fees Authorized:

1126.0

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Deposit Account

Deposit Account Number:

200668

Deposit Account Name:

Narendra R. Thappeta

RAM Payment Status:

RAM has not been processed

Digital Certificate Holder: cn=Narendra R. Thappeta,ou=Registered Attorneys,ou=Patent and

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PATENT APPLICATION FEE DETERMINATION RECOR	
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Application or Docket Number

Effective October 1, 2003 /0708 4/5												
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE			OR	OTHER THAN			
TOTAL CLAIMS			27				RAT	Ε	FEE	٦	RATE	FEE
FOR NUMBER FILED			NUM	BER EXTRA	BASIC	FEE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			27 minus 20=		* 7		X\$ 9)=		OR		126
lacksquare	DEPENDENT C			inus 3 =	* 5	· .	X43	=		OR	X86=	172
MULTIPLE DEPENDENT CLAIM PRESENT						+145	=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							TOTA	۱L		OR	TOTAL	1,1068
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AMENDMENT	Total	*	Minus	##		=	X\$ 9	=		OR	X\$18=	
AME	Independent	*	Minus	***	-	=	X43=			OR	X86=	
	PIRST PRESE	ENTATION OF M	ULTIPLE DEI	PENDENT	CLAIM		+145:	=	· · · · · · · · · · · · · · · · · · ·	OR	+290=	
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واستوادها		(Column 1)		(Colum	n 2)	(Column 3)	ADDIT	<u> </u>	· · · · · · · · · · · · · · · · · · ·		NODII. I EE	
IENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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_	THOTFILDE		DETIPLE DEP	ENDENT	CLAIM		+145=			OR	+290=	
							TOTA ADDIT. FE		• • •	OR A	TOTAL DDIT: FEE	
1	· · · · · · · · · · · · · · · · · · ·	(Column 1)		(Colum		(Column 3)		•	,			·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	
AME	Independent	*	Minus	***	·	=	X43=	+	•		X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM			+		OR		
* If	the entry in colur	mn 1 is less than th	e entry in colur	nn 2 write "	O" in col:	ımn 3	+145=			OR	+290=	
**	the *Highest Nur	mber Previously Pa	id For IN THIS	SPACE is I	ess than	20. enter *20.*	TOTA ADDIT. FE		·	OR A	TOTAL DDIT. FEE	
T	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											